CITY OF WINDOM

THIRD PARTY NOTIFICATION FORM

Effective for one year from the date signed

Customer name: _____

Account number: _____

Service address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

The City of Windom has my permission to provide information to and accept information from the party named below:

Customer Signature _____ Date _____

Name of Third Party: _____

Third Party Address: _____

City, State, Zip: _____

Third Party Home Phone: _____

Third Party Cell Phone: _____

Third Party Work Phone: _____

Third Party Signature: _____ Date: _____

This request will not be accepted without the Third Party's signature. The customer making the request understands that the utility assumes no liability for failure of Third Party to act upon notification.